



Forward This Original Report to:  
Water & Sanitary Sewer Department  
Attn: BPAT & CSI Division  
1901 Botanical Drive, Killeen, Texas 76542  
Telephone: 254.501.6315 or Fax: 254.501.6321

**City of Killeen**

**Date of Test:** \_\_\_\_\_ **Time:** \_\_\_\_\_ ☐ AM ☐ PM

**Public Water System ID #: 0140006**

**Backflow Test Status:** ☐ Passed ☐ Failed

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping.

**\*BACKFLOW PREVENTION ASSEMBLY TEST and MAINTENANCE REPORT**

**ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED**

**Customer Information – Please Print**

Property Owner/Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Backflow Assembly Information – Please Print**

**Serial Number:** \_\_\_\_\_ **Manufacturer:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Size:** \_\_\_\_\_

☐ New ☐ Existing ☐ Replacement **Replacement For:** \_\_\_\_\_

**Is this commercial property?** Yes: ☐ No: ☐

Occupant/Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Assembly location on the property: \_\_\_\_\_

Reason the assembly is installed: \_\_\_\_\_

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters. Is the assembly installed in accordance with manufacturer recommendation and/or local codes? ☐ Yes ☐ No

**Type of Assembly**

<input type="checkbox"/> Reduced Pressure Principle	<input type="checkbox"/> Reduced Pressure Principle-Detector
<input type="checkbox"/> Double Check Valve	<input type="checkbox"/> Double Check-Detector
<input type="checkbox"/> Pressure Vacuum Breaker	<input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker

Initial Test	Reduced Pressure Principle Assembly		Relief Valve	Pressure Vacuum Breaker		
	Double Check Valve Assembly			Air Inlet	Check Valve	
	1st Check	2nd Check				
	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>				
Repairs & Materials Used						
Test After Repairs	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	Held at _____ psid	

By signing below, I certify that all information on this test and maintenance report is true and correct at time of testing.

**REMARKS:**

**Test gauge used:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Calibration Date    /    /   

**Certified Tester (Print-Name & Signature)** \_\_\_\_\_

**Firm Name** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Firm Telephone#** \_\_\_\_\_ **Certification #** \_\_\_\_\_ **Expiration**    /    /   

\*Test records must be kept for at least three years

\*\*Use only manufacturer's replacement parts.